

T.E.A.C.H. Early Childhood® IOWA INFORMATION UPDATE FORM

Recipient Information: *This section is to be completed by the scholarship recipient.*

Name: _____ Indicate Changes: _____

Address: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Family Type: single, no children married, no children single parent married parent

in family, including self: _____

When do you expect to complete your degree? _____

Hours worked per week: _____ Hourly wage: _____ Position: _____

Has your position changed in the last 12 months? yes no

Age groups you teach?: 0 1 2 3 4 5 school age administration

Program Information: *This section is to be completed by the center director or administrator.*

Program Name: _____ License or registration #: _____

Administrator/Director Name: _____ Administrator/Director Title: _____

Check all that apply to your program:

- For-profit center Head Start Religious/Church Affiliated
- Non-profit center Shared Visions Public School Early Childhood Special Ed.
- Registered home A B C C1 State-funded universal voluntary preschool site

Check all that apply to your T.E.A.C.H. participant's classroom in which your T.E.A.C.H. participant works:

- Religious/Church Affiliated Head Start state-funded universal voluntary preschool site
- Shared Visions Public school early childhood special education

Number of children licensed to care for: _____ Number currently enrolled: _____

Does your program serve state subsidy children? yes no If yes, what % of total enrollment is on state subsidy? _____

Is your program part of Iowa's Quality Rating System? yes no If yes, provide rating _____

Did your program receive verification from the Dept. of Ed. for meeting the Quality Preschool Program Standards (QPPS)?
 yes no If yes, date _____

NAEYC or NAFCC Accredited? yes no Other Accreditation? (name) _____

Attachments:

- ___ Pay stub or schedule C to verify hourly wage
- ___ Copy of DHS license/registration
- ___ Copy of QRS or accreditation certificate (if applicable)

I certify that the information above is complete and accurate to the best of my knowledge and the required documents are attached.

Signature of Scholarship Recipient

Signature of Director/Administrator

Return form to:

T.E.A.C.H. Early Childhood® IOWA
Iowa Association for the Education of Young Children
5525 Meredith Drive, Suite F • Des Moines, IA 50130
Phone: 515-331-8000 • Fax: 515-331-8995